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Bib Data Sheet

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/743,202 | FILING DATE<br>12/22/2003<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>1671-0288 DEP-<br>5210 |
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APPLICANTS

Conrad Klotz, Nappanee, IN;  
 Daren Deffenbaugh, Winona Lake, IN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/01/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>IN | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
|--|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 Paul J. Maginot  
 Suite 3000  
 111 Monument Circle  
 Indianapolis, IN  
 46204-5115

TITLE  
 Modular radial component for a total wrist arthroplasty

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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